

South Carolina Department of Disabilities and Special Needs

PDD Waiver Notice of Slot Allotment

Date:

Consumer:

SSN:

Medicaid #:

SC/EI/District Office Rep:

Chosen Service Coordination Provider:

The above referenced individual has been awarded a **PDD Waiver** slot. The Service Coordinator/Early Interventionist should proceed with obtaining the **PDD Waiver Freedom of Choice (PDD Form 2)**.

PDD Waiver Contact or designee

Date

SAMPLE